

KENTUCKY PRIMARY CARE CENTER MEETING MINUTES

**Cabinet for Health and Family Services
Medicaid Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky**

**January 8, 2015
10:00 a.m.**

The meeting of the Primary Care Center Technical Advisory Committee (TAC) was called to order by Chair Chris Keyser.

The TAC members in attendance: Chris Keyser, Barry Martin, Yvonne Agan, Promod Bishnoi, Dean Shofner, Pat Bale, Eric Loy, and Raynor Mullins. Kentucky Primary Care Association **staff** members in attendance: Joe Smith, David Bolt and Emily Beauregard.

Medicaid staff in attendance: Neville Wise, Teresa Cooper, Charles Douglass, David Dennis, George Hosfield, Becky Walsh, Deborah Simpson, and C. J. Jones.

Others in attendance: Pat Russell, WellCare; Jennifer Ecleberry, Matt Fitzner and Andrew Rudd, Anthem; Patti Smith-Glover, Humana/Caresource; Noel Harilson, Passport; Holly Garcia, CoventryCares; Steve Miller, Kentucky Hospital Association; Darryl Wilson and Dr. Richard Carter, Barbourville Family Health Center; Ed White, Commonwealth Health.

A quorum was present. A motion was made by Mr. Martin, seconded by Dr. Bishnoi and unanimously approved to accept the November 6, 2014 meeting minutes.

OLD BUSINESS:

AUTOMATED WRAP PAYMENT PROCESS: Ms. Garcia with CoventryCares noted that when the disk was sent out by DMS for the reconciliation process for the period of 11/1/13 to 6/30/14, that the Coventry detail was not included, and Coventry has now supplied DMS with that data and will be working with RHCs and FQHCs to supply them with the claims data needed. Mr. Dennis noted that Coventry's data had been threshold because there was something wrong with the data. Dr. Loy asked if DMS will accept the information in the format that Coventry will give to the providers. Mr. Dennis said he would like to see a sample of what the providers are receiving from Coventry.

Mr. Bolt noted that dental claims are sparsely making it through and behavioral health numbers are very low for most of the clinics. He stated that Avesis is willing to work with the clinics.

Ms. Keyser asked if there are any issues going forward from July, and Mr. Dennis stated that the feedback he is getting from providers is they are seeing an improvement in the wrap payments.

INPUT FROM TAC AND GUESTS: Mr. White from Commonwealth Health noted that PA claims from WellCare are not crossing and that Coventry is paying PA claims but only paying for the visit. He also stated that the State is paying on claims that are not face-to-face visits. Ms. Cooper stated that the billing needs to be maintained as it was prior to MCO implementation because the supplemental system looks at the rendering provider to see if it is a PPS claim or if it is a zero paid claim.

Mr. White noted that WellCare had picked up a wrong fee schedule and was paying the Medicare rate for Medicaid services back in 2012, and that this has not been recouped by WellCare. He also noted that Coventry is making recoupments for paying PA's at the MD rate, and that his clinic has got claims dating back to 2013. Mr. Bolt said this was addressed with Coventry and the MCO said they would resubmit those claims so they would be eligible for additional wrap payments.

Ms. Cooper noted that DMS is working on a communication to go out to providers concerning multiple dates of service on an encounter. She stated that when a clinic bills to an MCO, the clinic needs to bill one date of service per claim form. Ms. Beauregard asked Ms. Cooper to forward that communication to her as well.

Ms. Agan asked how the process will work if the reconciliation shows a facility is owed money. Mr. Wise stated the provider would send a letter to both Myers & Stauffer and DMS.

CREATION OF JOINT WORK GROUP: Ms. Keyser reiterated the TAC's request to form a Joint Work Group with

DMS, the MCOs and the KPCA. KPCA will be hosting a meeting with the MCOs and Avesis and DMS will receive an invitation to this meeting. Mr. Dennis said if he is approved to attend a meeting, he would do so.

WRAP PAYMENT AND DUAL ELIGIBLE RECONCILIATION PROCESS: Ms. Keyser stated there is concern about the time frame and the expectation of the 60-day requirement. Mr. Dennis stated that providers can send him an email to request a 30-day extension. Ms. Keyser asked if further extensions would be granted after that 30-day extension and Mr. Dennis stated he believed that would occur but could not guarantee it. Mr. Dennis stated all extension requests would come through him and then he would forward the requests to Myers & Stauffer with instructions that the extensions have been granted.

Mr. Bolt noted that clinics say that some of the required fields have to be manually pulled on the spreadsheet and he asked if something could be proposed that could be automated and made simpler. Mr. Dennis said he would talk with Steve Bechtel who developed the spreadsheet **and agreed to meet with the KPCA to discuss.**

Ms. Keyser asked if the clinics are supposed to be looking at the dual eligible issues as well and Mr. Dennis stated that DMS does need to have that information.

STATUS OF PRIMARY CARE TAC RECOMMENDATIONS APPROVED BY MAC: Ms. Beauregard provided the TAC with a copy of the Recommendations to the MAC presented at the November 20, 2014 MAC meeting. Ms. Keyser noted that a quorum was not present at that MAC meeting and, therefore, the recommendations were not approved. Ms. Beauregard requested that when the MAC does respond to TAC recommendations, that this response be emailed to the TAC and/or KPCA in a timely fashion in order to prepare for future TAC meetings.

NEW BUSINESS:

OPEN ENROLLMENT: Mr. Wise stated to date, 375,000 members were added under the new Expansion category. The enrollment through the Exchange is still going on through February.

USING DDE TO VOID INCORRECT PAYMENTS: This item was withdrawn from the agenda.

OTHER ITEMS: Ms. Keyser asked about the electronic submission of the ADO, and Mr. Wise stated this got taken down due to technical difficulties and the plan is to have it back up in three to four months.

RECOMMENDATIONS TO THE MAC: The recommendations that were made to the MAC in November will again be recommended at the January 22nd MAC meeting. Ms. Beauregard will also prepare specific points about issues the TAC has been discussing.

Mr. Douglass introduced Ms. C. J. Jones as the new Branch Manager for the Benefits Branch and Ms. Jones will be the contact person for the TAC.

The meeting was adjourned. The next meeting date is March 12, 2015.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 12th day of January, 2015.)